

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hrs.)	Total burden (in hrs.)
Infants	300	7	0.524	1,100.40
Total	1,353.25

4. Antivirals Usage in Nursing

Homes—New—Outbreaks of influenza A in nursing homes (NH) may result in the hospitalization of up to 25% of ill residents and the death of up to 30% of those who are hospitalized. The rapid diagnosis of influenza A and the timely administration of currently available antiviral medications, amantadine and rimantadine, can lessen the impact of

these outbreaks. However, it is unknown how often laboratory tests for the rapid diagnosis of influenza A are utilized and how frequently antivirals are used to control nursing home outbreaks of influenza A.

The purpose of this survey is to determine how often rapid testing and antivirals are used to control influenza A outbreaks in NH's. A sample of NH's

will be selected randomly from one state within each of nine influenza surveillance regions. The survey will be mailed to infection control personnel in the randomly selected NH's. The results will be used to identify where educational efforts should be directed to lessen the impact of influenza A on elderly institutionalized persons.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ responses (in hrs.)	Total burden (in hrs.)
NH infection control	918	1	0.16	147
Total	147

Dated: March 27, 1998.

Charles Gollmar,

Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98-8613 Filed 4-1-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 95F-0174]

Ecolab, Inc.; Withdrawal of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the withdrawal, without prejudice to a future filing, of a food additive petition (FAP 5B4462) proposing that the food additive regulations be amended to provide for the safe use of nonanoic acid, lactic acid, citric acid, sodium 1-octane sulfonate, tertiary butylhydroquinone, and the sodium salt of tetrapropylene-1,1-oxybis-benzenesulfonic acid as components of a sanitizing solution intended for general use on food-contact surfaces.

FOR FURTHER INFORMATION CONTACT: John R. Bryce, Center for Food Safety and Applied Nutrition (HFS-215), Food and

Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3023.

SUPPLEMENTARY INFORMATION: In a notice published in the **Federal Register** of July 18, 1995 (60 FR 36811), FDA announced that a food additive petition (FAP 5B4462) had been filed by H. B. Fuller Co. The petition proposed to amend the food additive regulations in § 178.1010 *Sanitizing solutions* (21 CFR 178.1010) to provide for the safe use of nonanoic acid, lactic acid, citric acid, sodium 1-octane sulfonate, tertiary butylhydroquinone, and the sodium salt of tetrapropylene-1,1-oxybis-benzenesulfonic acid as components of a sanitizing solution intended for general use on food-contact surfaces. Since publication of the filing notice, the division of H. B. Fuller Co. responsible for this petition has been purchased by Ecolab, Inc., 370 North Wabasha St., St. Paul, MN 55102. Ecolab, Inc. has now withdrawn the petition without prejudice to a future filing (21 CFR 171.7).

Dated: March 17, 1998.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 98-8569 Filed 4-1-98; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

The Health Resources and Services Administration is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

Subtitle 2 of Title XXI of the Public Health Service Act, as enacted by the National Childhood Vaccine Injury Act of 1986 and as amended, governs the VICP. The VICP, administered by the Secretary of Health and Human Services (the Secretary), provides that a proceeding for compensation for a vaccine-related injury or death shall be initiated by service upon the Secretary and the filing of a petition with the United States Court of Federal Claims. In some cases, the injured individual may receive compensation for future lost earnings, less appropriate taxes and the "average cost of a health insurance policy, as determined by the Secretary."

Section 100.2 of the VICP's implementing regulations (42 CFR part 100) provides that revised amounts of an average cost of a health insurance policy, as determined by the Secretary, are to be published from time to time in

a notice in the **Federal Register**. The previously published amount of an average cost of a health insurance policy was \$220.41 per month (62 FR 2675, January 17, 1997); this amount was based on data from a survey by the Health Insurance Association of America, updated by a formula using changes in the medical care component of the Consumer Price Index (CPI) (All Urban Consumers, U.S. City average) for the period July 1, 1996, through December 31, 1997.

The Secretary announces that for the 6-month period, July 1, 1996, through December 31, 1996, the medical care component of the CPI increased 1.229 percent. According to the regulatory formula (§ 100.2), 2 percent is added to the actual CPI change for each year. For this 6-month period, one-half, or 1 percent is added. The adjusted CPI change results in an increase of 2.229 percent for this 6-month period. Applied to the baseline amount of \$220.41, this results in the amount of \$225.32.

The medical care component of the CPI change for the 12-month period, January 1, 1997, through December 31, 1997, was 2.819 percent. According to the regulatory formula, the annual adjustment of 2.0 percent, is added to the actual CPI change for this 12-month period. Therefore, according to the current regulatory formula, the adjusted CPI change results in an increase of 4.819 percent. Applied to the \$225.32 amount, this results in a new amount of \$236.18.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is \$236.18 per month. In accordance with § 100.2, the revised amount was effective upon its delivery by the Secretary to the United States Court of Federal Claims (formerly known as the United States Claims Court). Such notice was delivered to the Court on February 20, 1998.

Dated: March 24, 1998.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 98-8684 Filed 4-1-98; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Nursing Recruitment Program for Indians

AGENCY: Indian Health Service (IHS), HHS.

ACTION: Notice of competitive grant applications for the nursing recruitment program for Indians.

SUMMARY: The IHS announces that competitive grant applications are now being accepted for the Nursing Education Program for Indians authorized by section 112 of the Indian Health Care Improvement Act, Pub. L. 94-437, as amended. There will be only one funding cycle during fiscal year (FY) 1998. This program is described at 93.970 in the Catalog of Federal Domestic Assistance. Cost will be determined in accordance with applicable OMB Circulars and 45 CFR part 74 or 45 CFR part 92 (as applicable). Executive Order 12372 requiring intergovernmental review does not apply to this program. This program is not subject to the Public Health System Reporting Requirements.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2000* a PHS-led activity for setting priority areas. This program announcement is related to the priority area of Educational and Community-based programs. *Healthy People 2000*, the full report, is currently out of print. You may obtain the objectives from the latest *Healthy People 2000* Review. A copy may be obtained by calling the National Center for Health Statistics, telephone (301) 436-8500.

Smoke Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

DATES: An original and two copies of the completed grant application must be submitted, with all required documents to the Grants Management Branch, Division of Acquisitions and Grants Operations, Twinbrook Metro Plaza, Suite 100, 12300 Twinbrook Pkwy., Rockville, MD 20852, by close of business June 19, 1998. C.O.B. means 5:00 p.m. Eastern Daylight Time.

Applications shall be considered as meeting the deadline if they are either: (1) received on or before the deadline with hand carried applications received by close of business 5:00 p.m.; or (2) postmarked on or before the deadline date and received in time to be reviewed along with all other timely applications. A legibly dated receipt from a

commercial carrier or the U.S. Postal Service will be accepted in lieu of postmark. Private metered postmarks will not be accepted as proof of timely mailing.

Applications received after the announced closing date will be returned to the applicant and will not be considered for funding.

Additional Dates

A. Application Deadline: June 19, 1998.

B. Application Review: July 7, 1998.

C. Applicants Notified of Results (approved, approved unfunded, or disapproved): July 21, 1998.

D. Anticipated Start Date: August 1, 1998.

FOR FURTHER INFORMATION CONTACT:

For program information, contact Ms. Carol Gowett, Senior Nurse Consultant, Division, of Nursing, Office of Public Health, Indian Health Service, Parklawn Building, 5600 Fishers Lane, Room 6A-44, Rockville, MD 20857, (301) 443-1840. For grants information, contact Mrs. M. Kay Carpentier, Grants Management Officer, Grants Management Branch, Division of Acquisition and Grants Management, Indian Health Service, Twinbrook Metro Plaza, Suite 100, 12300 Twinbrook Pkwy., Rockville, MD 20852, (301) 443-5204. (The telephone numbers are not toll-free numbers.)

SUPPLEMENTARY INFORMATION: This announcement provides information on the general program purpose and objectives, programmatic priorities, eligibility requirements, funding availability, and application procedures for the Nursing Program for FY 1998.

A. General Program Purpose

To increase the number of nurses, nurse midwives, nurse anesthetists, and nurse practitioners who deliver health care service to Indians.

B. Eligibility and Preference

The following organizations are eligible: (1) public or private schools of nursing, (2) tribally controlled community colleges; and (3) nurse (ADN, BSN), nurse midwife, nurse anesthetist, and nurse practitioner (MSN) programs that are provided by any public or private institution.

Preference will be given to programs which (1) provide a preference to Indians; (2) train nurses (ADN, BSN), nurse midwives, nurse anesthetists or nurse practitioners (MSN); (3) are interdisciplinary, and (4) are conducted in cooperation with a center for gifted and talented Indian Students established under section 5324(a) of the Indian Education Act of 1988.